

PREMISE DETAILS

Trading Name*

Trading Street Address*

Suburb/Town*

State*

Postcode*

HOUSE OWNER DETAILS*

Fields marked with a red asterisk (*) are mandatory and must be completed

Title

Surname*

Given Name(s)*

Company Name

ABN*

Contact Number*

ROOMING HOUSE DETAILS*

Please select the class of accommodation

Number of bedrooms _____

Other _____

Total number of beds _____

Do you have a pool?

Yes

No

Do you supply any food (breakfast etc) with the service that you provide?

Where is the pool located?

Indoor

Outdoor

TRADING DETAILS

Trading Hours

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

TRANSFER OF BUSINESS

ONLY COMPLETE THIS SECTION IF TRANSFER IS OCCURRING

Previous Trading Name: _____

Previous Proprietor/s Full Names:

Signature of Previous Proprietor/s:

NEW REGISTRATIONS ONLY – REQUIRED DOCUMENTS

- Floor plan of the premises (including all rooms; equipment/furniture and dimensions). Please refer to our *Public Health & Wellbeing Construction Guideline* for an example of what is required.

DECLARATION

Please Note: It is a requirement under the Residential Tenancies Act 1997 for councils to enter information about the rooming houses they register within their municipality. Some of the information, specifically the rooming house address, the owners name(s) of the house, the business owner(s) ABN/CAN and the council in which the rooming house is registered, will be available to the public. Should a rooming house owner wish to have their personal details suppressed from public view on the register, they can apply in writing to the Director of Consumer Affairs Victoria – GPO Box 123, Melbourne VIC 3001

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- This application is a legal document and penalties exist for providing false or misleading information

If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print name(s).

If the business is owned by a company or association – the applicant on behalf of that body must sign and print their name.

Applicant Signature*

Applicant Signature

Print Applicant Name*

Print Applicant Name

Date*

Date

PLEASE NOTE: You cannot trade at the premises until an Environmental Health Officer has inspected the premises and a certificate of a Public Health & Wellbeing Act Registration is issued to you.

PRIVACY: The City of Ballarat will only use the personal information you provide in or with this form for matters relating to your registration in accordance with the Information Privacy Act 2001 (Vic).

LODGEMENT & FURTHER ENQUIRIES



In person –

City of Ballarat
The Phoenix
25 Armstrong Street South, Ballarat
Office hours – 8.15am – 5pm Monday to Friday



By mail –

Environmental Health Unit
City of Ballarat
PO Box 655
Ballarat Vic 3353



Contact –

Environmental Health Unit
(03) 5320 5702
environmentalhealth@ballarat.vic.gov.au



Payment can be made online via B-Pay or on the City of Ballarat's website. Please contact the Environmental Health Unit to determine the fees and reference number for this application.